

12-03-07

RCE

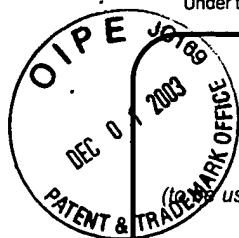
PTO/SB/21 (08-03)

Please type a plus sign (+) inside this box → ☐

Approved for use through 08/30/03. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/781,599	
	Filing Date	February 12, 2001	
	First Named Inventor	Wouter E. Roorda	
	Group Art Unit	1615	
	Examiner Name	Amy E. Pulliam	
Total Number of Pages in This Submission	17	Attorney Docket Number	50623.104

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Fee Transmittal (in Duplicate) <input checked="" type="checkbox"/> Response to Office Action (13 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Request For Continued Examination (RCE) <input checked="" type="checkbox"/> Express Mail Label No. EV 337 973 325 US <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Petition for Extension of Time (2 months) (in duplicate) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Paul J. Meyer, Jr., Reg. No. 47,791
Signature	
Date	December 1, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: December 1, 2003

Typed or printed name	Judi Stillwell
Signature	
Date	December 1, 2003

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PTO/SB/17 (11/01) (modified)
Approved for use through 10/31/2002, OMB 0651-0032
Patent and Trademark Office; US DEPARTMENT OF COMMERCE

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = **(\$1,518.00)**

Complete if Known

Application Number	09/781,599
Filing Date	February 12, 2001
First Named Inventor	Wouter E. Roorda
Group Art Unit	1615
Examiner Name	Amy E. Pulliam
Attorney Docket Number	50623.104

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METHOD OF PAYMENT

1. The Commissioner is hereby authorized to:

- ☒ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.[†]
- ☐ Applicant claims small entity status. See 37 CFR 1.27.

Deposit Account Number: 07-1850
Deposit Account Name: Squire, Sanders & Dempsey

A Duplicate Copy of this authorization is attached

2. ☐ Payment Enclosed:
[] Check [] Other

FEE CALCULATION (fees effective 10/1/01)

1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
101/\$740	201/\$370	Utility Filing	<input type="text"/>
106/\$330	206/\$165	Design Filing	<input type="text"/>
108/\$740	208/\$370	Reissue	<input type="text"/>
114/\$160	214/\$80	Provisional Filing	<input type="text"/>
SUBTOTAL (1)			(\$)

2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$84	202/\$42	Independent claims in excess of 3
104/\$280	204/\$140	Multiple dependent claim
109/\$84	209/\$42	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	<input type="text"/>
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	<input type="text"/>
147/\$2,520	147/\$2,520	For filing a request for reexamination	<input type="text"/>
115/\$110	215/\$55	Extension for response within first month [†]	<input type="text"/>
116/\$400	216/\$200	Extension for response within second month [†]	420
117/\$920	217/\$460	Extension for response within third month [†]	<input type="text"/>
118/\$1,440	218/\$720	Extension for response within fourth month [†]	<input type="text"/>
128/\$1,960	228/\$980	Extension for response within fifth month [†]	<input type="text"/>
119/\$320	219/\$160	Notice of Appeal	<input type="text"/>
141/\$1,280	241/\$640	Petition to revive unintentionally abandoned application	<input type="text"/>
142/\$1,280	242/\$640	Utility Issue Fee (Or Reissue)	<input type="text"/>
143/\$460	243/\$230	Design Issue Fee	<input type="text"/>
122/\$130	122/\$130	Petitions to the Commissioner	<input type="text"/>
123/\$50	123/\$50	Petitions related to provisional applications	<input type="text"/>
126/\$180	126/\$180	Submission of Information Disclosure Statement	<input type="text"/>
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
146/\$740	246/\$370	Filing a submission after final rejection (37 CFR 1.129(a))	<input type="text"/>
179/\$750	279/\$370	Request for Continued Examination (RCE)	750

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) **(\$1,170)**

(Col. 1)		(Col. 2)		(Col. 3)		Fee		Fee Due
For	No. of Existing Claims	minus*	Highest No. Previously Paid For	=	Extra**	x		
TOTAL	35	minus*	20 or 30	=	5	x	\$18	\$90
INDEP	9	minus*	3 or 6	=	3	x	\$86	\$258
[] First presentation of multiple dependent claim								0

* Subtract the greater number of Col. 2

** If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) **(\$348)**

SUBMITTED BY

Typed or Printed Name **Paul J. Meyer, Jr.**

Signature

Complete (if applicable)

Reg. Number **47,791**

Date **December 1, 2003**